

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN PARTY OF INDIANA

A.

Full Name (Last, First, Middle Initial)

Beth Duensing

Mailing Address PO Box 516

City

Saint John

State

IN

Zip Code

46373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.4329

Amount of Each Receipt this Period

230.00

B.

Full Name (Last, First, Middle Initial)

MARGARET FETTE

Mailing Address 1135 N LOGAN RD

City

BLOOMINGTON

State

IN

Zip Code

47404

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
TAILOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.4510

Amount of Each Receipt this Period

230.00

C.

Full Name (Last, First, Middle Initial)

SAM GOLDSTEIN

Mailing Address 8074 CLARIDGE RD

City

INDIANAPOLIS

State

IN

Zip Code

46260

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.4613

Amount of Each Receipt this Period

190.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)